

Faith Care Line Services Ltd

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Inspection report

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Date of inspection visit:

04 February 2019

05 February 2019

Date of publication:

04 March 2019

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service:

Faith Care Line Services Ltd is a domiciliary care service that was providing personal care to two people at the time of the inspection.

People's experience of using this service:

We identified one breach of the Health and Social Care Act (Regulated Activities) Regulations 2014 around governance. Details of action we have asked the provider to take can be found at the end of this report.

The provider's governance systems and processes were not effective as they had not identified areas of the service where improvements were needed. There was a lack of organisational oversight at the service. The provider's representative and manager had not completed regular audits to ensure the service provided to people was effective and safe, and staff were recruited safely.

The provider's representative could not demonstrate to us that staff had received training necessary to support people well. Not all staff received regular supervision where they could discuss their performance, and identify training and development needs.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. Whilst people using this service did not lack the mental capacity to make decisions, some staff could not demonstrate basic understanding of the Mental Capacity Act 2005. They did not know how this could impact on the care and support they delivered to people.

People told us they felt safe and this was because of the service provided by staff. However, some staff were not able to demonstrate a sufficient understanding of what harm to people and poor care looked like.

Risk assessments were in place to identify possible risks to people's health and well-being and measures were implemented to mitigate the risks. Care plans were developed and personalised to give guidance to staff on how to support people effectively. However, not all of these records or risk assessments were up-to-date or captured all risks to people as guidance for staff. This included risks posed by people's health conditions.

People told us they made decisions about what medicines they took. People's medicines were listed as information for staff within their care records. However, there was no guidance for staff about any potential medicine side effects to monitor for.

Staff were aware that all incidents needed to be reported to the management to ensure people's safety. However, not all staff were aware of how these incidents should be documented.

Staff encouraged and supported people to live as independent a life as possible. There were enough staff to

meet people's needs. People told us they had not experienced late or missed care visits.

People were encouraged to eat a healthy and balanced diet. They had regular health checks and staff, where needed, supported them to attend their health appointments.

People told us staff were kind and caring and helped them. People's personal information was kept confidential. People were involved in discussions about their care and felt that communication with staff and the management was good. People told us they had not had to raise any concerns. They said they would be confident they would be listened to should they need to do so.

People's dignity and privacy was promoted and respected by staff. Staff enabled people to maintain and develop relationships.

More information is in the detailed findings below.

Rating at last inspection:

This is the first inspection of the service since they registered with the CQC on 13 November 2017.

Why we inspected:

The service was inspected as it had not had an inspection since registering with the CQC.

Follow up:

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe

Details are in our Safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective

Details are in our Effective findings below.

Requires Improvement ●

Is the service caring?

The service was caring.

Details are in our Caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our Responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our Well-Led findings below.

Requires Improvement ●

Faith Care Line Services Ltd

Detailed findings

Background to this inspection

The inspection:

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

One inspector carried out this inspection.

Service and service type:

This service is a domiciliary care agency. It provides care to people living in their own houses and flats and specialist housing. It provides a service of personal care and support to adults. It also provides live-in care workers. This means that staff would be available 24 hours a day, seven days a week.

The service did not have a manager registered with the Care Quality Commission. A registered manager means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. There was a manager in place who had started the application process with the CQC of becoming the registered manager.

Notice of inspection:

We gave the service 2 days' notice of the inspection site visit because it is small and the manager is often out of the office supporting staff or providing care. We needed to be sure that they would be in.

Inspection site visit activity started on 4 February 2019 and ended on 5 February 2019. We visited the office location on 5 February 2019 to see the provider's representative, the manager and care staff; and to review care records and policies and procedures.

What we did:

Prior to the inspection we reviewed information we held about the service to aid with our inspection planning. We contacted other health and social care organisations such as representatives from local

authority contracts team, the safeguarding team, and Healthwatch (an independent organisation for people who use health and social care services). This was to ask their views about the service provided. This helped us plan our inspection.

During inspection we: information gathered:

- ☐ Spoke with two people who received the regulated activity of personal care.
- ☐ Spoke to the nominated individual [provider's representative] and the manager.
- ☐ Looked at two people's care records.
- ☐ Looked at records of accidents, incidents and complaints.
- ☐ Looked at two staff files including all aspects of recruitment and training records.
- ☐ Looked at the provider's policies and procedures.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm

Some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Systems and processes to safeguard people from the risk of abuse

- ☐ Staff told us they had received training in safeguarding people from poor care and harm. However, two out of three staff spoken with were not able to demonstrate their understanding of different types of harm. This meant that their training had not embedded this knowledge. This would put people at increased risk as staff could not identify to us or show they recognised the different types of harm people could experience.
- ☐ People spoken with told us they felt safe using the service and supported by staff.
- ☐ A person said, "I feel very safe. This is because my [staff member] is quite caring, quite articulate and has good attention to detail."

Assessing risk, safety monitoring and management

- ☐ We found inconsistencies in people's care plans and risk assessments. This meant there was an increased risk of unsafe and inappropriate care being delivered.
- ☐ However, a person confirmed to us that, "[I have] no concerns [staff] are very good to me. They check my position when I'm sitting up is okay and when I'm sat in my wheelchair."

Staffing and recruitment

- ☐ Recruitment records had important information missing, such as previous employment and character references and full employment histories. This meant that there was an increased risk of potential new staff members not being of good character and suitable to work with people.
- ☐ There were enough staff to meet people's needs safely.
- ☐ People told us that they had not experienced any late or missed care visits. They also told us that when they were expecting two staff to support them, two staff always came. One person said, "I have two care staff and one arrived and we waited 10 minutes for the other [staff member] to arrive before I could be hoisted. I have no problem with this. Waiting 10 minutes is fine as I try to be flexible."

Using medicines safely

- ☐ The two people supported with the regulated activity of personal care told us that they made their own decisions about what medicine they wished to take. This was with very limited or no staff support.
- ☐ Staff had no guidance about any potential side effects people may experience from their prescribed medicine, to be aware of and therefore could not safely provide this support if required.
- ☐ One person who told us they self-medicated their prescribed medicines, had a medication administration record (MAR) in place, which was not required. The person told us, "Staff take it out [of packaging] and then I take it myself. I have a routine I get up and [staff member] takes the medication out of the packets."

Preventing and controlling infection

- People were protected against infections.
- Staff told us they were trained in infection prevention and control and had access to personal protective equipment like disposable gloves and aprons.
- A staff member told us, "Yes I have [Personal Protective Equipment] PPE. I would put on my gloves and apron before I support [a person] and dispose of them after each task. I put on a new pair after each task. We've never run out, we have plenty. I inform the office when running down and they restock."

Learning lessons when things go wrong

- The provider's representative told us and records showed there had not been any incidents to date.
- They described to us the actions taken to make sure that when two staff need to attend the same care visit, they both turn up on time. This included a shared car journey by both staff members, so one staff member was not reliant on public transport. These actions, they told us, were put in place because of learning.
- All staff were aware they needed to inform management of any incidents that occurred. However, not all staff were aware of how to document these incidents.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

The effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent. Regulations may or may not have been met.

Staff support: induction, training, skills and experience

- ☐ Staff told us they received training and support to carry out their roles effectively. Training, was delivered by e-learning [training on the computer]. However, the provider could not evidence that staff had undertaken all of their mandatory training as set out in the providers statement of purpose. This was because we found there was a lack of records held and a lack of records to show that staffs competency, following their training, had been assessed.
- ☐ Staff told us they had been trained on safeguarding adults and the Mental Capacity Act 2005 (MCA). However, two out of three staff could not demonstrate their knowledge of these subjects to us. This showed that the training staff completed was not always effective in improving their skills and knowledge.
- ☐ Staff told us they received an induction when new to the service. They worked alongside other experienced colleagues until they were competent in their duties.
- ☐ Not all staff received regular supervision and support to carry out their roles effectively.

Ensuring consent to care and treatment in line with law and guidance

- ☐ The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.
- ☐ We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.
- ☐ We were told that no one being supported with the regulated activity of personal care lacked mental capacity. A person said, "[Staff] listen and respect my choices."
- ☐ All staff spoken with told us they had been trained in the MCA. However, two out of three staff were unable to tell us what they had learnt during their MCA training and how this could affect their role.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- ☐ The manager assessed people's needs prior to them using the service to make sure that staff could meet the person's care and support needs.
- ☐ A person said, "Soon after I started using the service I was emailed and asked for feedback on how things were going."
- ☐ Staff followed best practice when they involved people in decisions about their care by presenting information to people within their care records in a format they could easily understand.

Supporting people to eat and drink enough to maintain a balanced diet

- ☐ People who needed this assistance from staff told us they had no concerns. One person said, "The [staff member] helps me prepare food and drinks, we do this together."

Staff working with other agencies to provide consistent, effective, timely care

- ☐ A person and the provider's representative both told us that when people's care and support needs had changed, they would liaise with social services to review this. This meant that the staff would then deliver support to the person's most up-to-date care needs. The person told us, "I had a social worker review today as my care needs have changed."

Supporting people to live healthier lives, access healthcare services and support

- Staff supported people where needed to make or attend external health care appointments. A person told us, "I make my own appointments but my [staff member] helps me attend these appointments."

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

- ☐ Personal beliefs and cultural preferences for people were respected. A person said, "I have asked for female carers to support me and this has been respected."
- ☐ People told us, "So far, it is very good. They look after me very well" and "It's been amazing, I am very pleased with my live-in carer."

Supporting people to express their views and be involved in making decisions about their care

- ☐ People confirmed to us they were involved in the planning of their care and support. They said they made their own decisions and staff respected these.
- ☐ People told us, "I was involved in the setting up of my care plan. [Named staff members] asked me what I wanted and all about my history. They got to know me," and "Yes, they came and got to know me and what I like."

Respecting and promoting people's privacy, dignity and independence

- ☐ People told us that staff promoted and maintained their privacy and dignity.
- ☐ People said, "Yes, staff maintain my privacy and dignity. I don't always need help with my personal care, but they can help me undress or dress if I need that help," and "When delivering personal care support, staff pull the blinds and close the doors."
- ☐ Staff could demonstrate they understood how and why it was important to maintain people's confidentiality. A staff member said, "[I] don't talk about [the person] outside of [their] house and don't discuss with other people."
- ☐ The management securely stored all paper and electronic records in the office.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- ☐ People received care and support from staff which helped them to live life as independently as possible. A person said, "[Staff] respect my choice, I view the [staff member] as a friend. We have learnt together. There are no forced opinions on me."
- ☐ People's care plans were developed with them and contained adequate information about how people communicated and what their likes, dislikes and preferences were. A person said, "Yes, [staff] got to know me when I first used the service."

Improving care quality in response to complaints or concerns

- ☐ The service had a complaints process in place. This had been shared with people.
- ☐ Records showed there had not been any complaints to date.
- ☐ People told us they would be confident to raise a concern but had not had to do so. One person said, "Not had any issues, but if I needed to complain or raise a concern I can."

End of life care and support

- ☐ Staff told us they had not received training in end of life care and support
- ☐ The service was not currently supporting anyone receiving end of life care.
- ☐ The manager told us they would not accept any end of life care packages as staff had not had training.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture

Service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care. Some regulations may or may not have been met.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility. Continuous learning and improving care.

- ☐ The provider did not carry out regular audits. This meant there was a lack of organisational oversight at the service. The provider had failed to look at all areas of the service to identify where improvement was needed and ensure they were able to meet requirements and regulation.
- ☐ People and staff records had not been checked since the previous manager had left. These checks would help make sure that records held were accurate, detailed enough and reflected people's current care needs, thus reducing the risk of unsafe or non-agreed care and support being delivered to people.
- ☐ There had been no checks on any records, such as people's care records, people's monitoring charts, medication administration records (MARs) or staff training to make sure all mandatory topics had been completed. There had also been no checks that staff supervisions were carried out and staff recruitment checks were robust to ensure safe staff. These checks would help identify any areas requiring improvement.
- ☐ This meant that areas of improvement found during this inspection had not been identified by the provider. The provider's representative told us, "This is a very new service and we have struggled with the managers we have employed so with the new manager in post, I am really hoping they can support the improvement needed around the quality monitoring of the service. As this is not currently happening or being documented."

This demonstrates a breach of Regulation 17 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- ☐ Staff told us they liked their job and felt listened to by the management. One staff member said when asked if the provider's representative was approachable, "Yes he is." Another staff member told us, "The communication line is very good."
- ☐ We found that there was not always one to one support in place for staff appropriate for their job roles. The provider's representative told us some staff supervisions to discuss the staff members' progress and training needs had not been carried out.
- ☐ Staff were aware of their roles and responsibilities. Staff told us the management were available to provide support when needed.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People told us that they felt communication within the service was good.
- A person said, "[I have] no concerns. A good service needs to be recognised... It is a two-way street [communication], they get back to you if you contact them."
- The provider's representative said, "We do ask for views [on the service], but we have not been that good at recording this. This will be improved going forward."

Working in partnership with others

- The service worked in partnership with health and social care professionals who were involved in people`s care.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>There was a lack of organisational oversight as the provider did not monitor all areas of the service provided, including records to identify areas requiring improvement. Regulation 17 (1) (2) (a) (b) (c).</p>